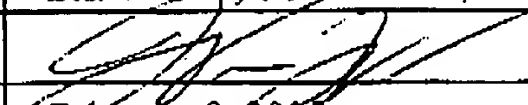


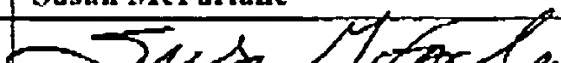
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FEB 09 2005

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/753,218
		Filing Date	December 28, 2000
		First Named Inventor	Darwin A. Engwer
		Art Unit	2661
		Examiner Name	Joshua A. Kading
Total Number of Pages in This Submission	14	Attorney Docket Number	3239P067

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 9, 2005


CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	February 9, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/753,218
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 28, 2000
		First Named Inventor	Darwin A. Engwer
		Examiner Name	Joshua A. Kading
		Art Unit	2661
		Attorney Docket No.	3239p067
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zelman LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION				
1. EXTRA CLAIM FEES				
Total Claims	15	24	0	\$0.00
Independent Claims	4	6	0	\$0.00
Multiple Dependent				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202			Claims in excess of 20
1201	2201			Independent claims in excess of 3
1203	2203			Multiple Dependent claim, if not paid
1204	2204			**Reissue independent claims over original patent
1205	2205			**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(\$)	0.00
2. ADDITIONAL FEES				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	2051			Surcharge - late filing fee or oath
1052	2052			Surcharge - late provisional filing fee or cover sheet
2053	2053			Non-English specification
1251	2251			Extension for reply within first month
1252	2252			Extension for reply within second month
1253	2253			Extension for reply within third month
1254	2254			Extension for reply within fourth month
1255	2255			Extension for reply within fifth month
1401	2401			Notice of Appeal
1402	2402			Filing a brief in support of an appeal
1403	2403			Request for oral hearing
1451	2451	1,510	1,510	Petition to institute a public use proceeding
1460	2460			Petitions to the Commissioner
1807	1807			Processing fee under 37 CFR 1.17(u)
1808	1808			Submission of Information Disclosure Sheet
1809	1809			Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810			For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)				
SUBTOTAL (2)			(\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	02/09/05

Based on PTO/SD/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zelman (wtr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005***Patent fees are subject to annual revision.*☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete If Known

Application Number	09/753,218
Filing Date	December 28, 2000
First Named Inventor	Darwin A. Engwer
Examiner Name	Joshua A. Kading
Art Unit	2661
Attorney Docket No.	3239p067

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
15	24*	0	\$0.00
Independent Claims	6*	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1202	2202	Claims in excess of 20
1201	2201	Independent claims in excess of 3
1203	2203	Multiple Dependent claim, if not paid
1204	2204	**Reissue independent claims over original patent
1205	2205	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$)

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1051	2051	Surcharge - late filing fee or oath
1052	2052	Surcharge - late provisional filing fee or cover sheet
2053	2053	Non-English specification
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1460	2460	Petitions to the Commissioner
1807	1807	Processing fee under 37 CFR 1.17(q)
1806	1806	Submission of Information Disclosure Sheet
1809	1809	Filing a submission after final rejection (37 CFR § 1.129(a))
2810	2810	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

SUBTOTAL (2)

(\$)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	02/09/05

Based on PTO/SB/17 (12/04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 09/753,218
Amdt. Dated MM/DD/YYYY
Reply to Office action of 11/9/2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No. : 09/753,218
Applicant : Darwin A. Engwer
Filed : 12/28/2000
TC/A.U. : 2661
Examiner : Joshua A. Kading

Confirmation No. 9343

Docket No. : 003239.P067
Customer No. : 8791

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of 11/9/2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.